

Fundraising Event Registration Form

Thank you for your interest in hosting a community fundraising event to benefit University Hospitals.

For 150 years, the dedication of friends and supporters, like you, has helped to sustain and advance the UH mission
To Heal. To Teach. To Discover.

To register your event, please complete this form and submit to Carol Grabner at Carol.Grabner@UHhospitals.org or fax to 216-983-2201. Form should be submitted at least 8 weeks prior to your event.

Contact Information Event Contact Name: Street Address: City: State: Zip: Phone: Email: Name of Organization Is this a 501(c) Affiliated with the event (if (3) organization? applicable): Please list the names of any UH staff with whom you are affiliated: **Event Information Event Name:** Event Date(s): Start End Time: Time: Event Location (venue name & address): **Event Website: Event Social Media** Address(es): Event Description (for Community Event Calendar Listing on UHgiving.org): Target Audience:

Is this a new event?	If no, when was	s the event last held?
What inspired this event? Tell us your story!		
Financial Information		
Estimated gross revenue (ie. tickets, sponsorships, donations, etc.):		Estimated Expenses (ie. rental fees, catering, printing, supplies, etc.)
Anticipated Donation (revenue minus expenses):		
Designation of event proceeds (donations will support the area of greatest need within your chosen entity unless otherwise specified):	University Hospitals UH Rainbow Babies & Children's UH Seidman Cancer Center Other (please specify)	
If another charitable organization will also benefit, please specify:		
Will admission be charged?	If yes, how much?	Will credit cards be accepted?
Will you set up a benevolent account?	If yes, at which ba	ank?
Please list any businesses that you plan to solicit for a gift, if valued at \$5,000 or more:		
community event fundraising	will be remitted to University Hospitals	spitals, Iagree to abide by UH's unity Fundraising Events Guidebook. It is also agreed that within 60 days following the event or within alternative,
Submitted by:		Approved By:
Event Organizer (Please Print)		UH Representative Name & Title (Please Print)
Event Organizer Signature	& Date	UH Representative Signature & Date